

08-05

## STATEMENT OF POLICY

### National Alliance for Tobacco Cessation

#### Policy

The National Association of County and City Health Officials (NACCHO) supports the formation and establishment of the National Alliance for Tobacco Cessation (Alliance). The Alliance is a public-private independent partnership that represents a long-term commitment to help inform and educate Americans about tobacco cessation. Although currently focused on smoking, the work of the Alliance encompasses all forms of tobacco use. The Alliance will launch a nationwide media campaign grounded in evidence-based practice that will teach smokers how to quit and connect them to the services and educational resources that can help them succeed. Alliance members include state and territorial governments, state tobacco control foundations and other state-level entities, national non-profit organizations, including foundations, and private corporations.

#### As part of its support, NACCHO will do the following:

- Communicate regular updates to local health officials and community partner organizations;
- Encourage local health departments to adopt strategies that support the Alliance's mission (e.g., offer cessation classes);
- Serve as a clearinghouse for information sharing;
- Convene meetings and conference calls;
- Assist in providing organizational planning as the effort launches;
- Represent its membership on Alliance workgroups, committees, and governing bodies;
- Assist in establishing a committee to review programmatic direction; and
- Work toward consensus on the development of the Alliance's mission, goals, and objectives and permanent governance structure.

#### Justification

Since 1964, numerous reports from Surgeons General on smoking and health have concluded that tobacco use is the single most avoidable cause of disease, disability, and death in the United States, accounting for 438,000 deaths and 8.6 million serious illnesses each year,<sup>1</sup> yet many people still smoke. A 2006 *Morbidity and Mortality Weekly Report* (MMWR) reported that in 2005 approximately 20.9 percent (45.1 million) of U.S. adults were current cigarette smokers, the same percentage as in 2004, suggesting that the recent decline in smoking prevalence among U.S. adults might have stagnated. Current smoking was higher among men, American Indians and Alaska Natives, those with a General Educational Development diploma or less than a high school education, and those living below the poverty level.<sup>2</sup> Findings from the 2002 National Youth Tobacco Survey indicate that current use of any tobacco product ranged from 13.3 percent among middle school students to 28.2 percent among high school students. Cigarette smoking was the most prevalent form of tobacco use, followed by cigar smoking.<sup>3</sup> Each year, cigarette smoking results in \$157 billion in direct and indirect medical costs, or more than \$3,300 per person.<sup>4</sup>



Many states have adopted evidence-based strategies to reduce smoking, including funding community-based programs, implementing phone-based smoking cessation services (quitlines), increasing tobacco excise taxes, and developing clean indoor air policies.<sup>5</sup> Another strategy is establishing a sustained national public education campaign designed to motivate adult smokers and connect them to the information and resources that will help them quit.<sup>6</sup> Peer-reviewed literature indicates such campaigns are effective,<sup>7,8</sup> especially when accompanied by other evidence-based tobacco control efforts, and make fiscal sense because of the cost-savings and increased reach afforded by a national media distribution.<sup>6</sup>

## References

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4. CDC. (2002). Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999 in *MMWR*. Atlanta, GA. 51(14):300–303.
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6. National Alliance for Tobacco Cessation (NATC). (2007). Rationale. Retrieved October 15, 2008 from <https://www.thenatc.org/132.aspx>.
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## Record of Action

Approved by NACCHO Board of Directors  
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